



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ **Change of Ownership** ☐ **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 100 S. Patrick Street, Alexandria, VA 22314

TAX MAP REFERENCE: 074.01-06-01

ZONE: KR

APPLICANT

Name: YogaWorks

Address: 5780 Uplander Way, Culver City, CA 90230

PROPERTY OWNER

Name: Cielo Property Group Attn: Sarina Raina

Address: 823 Congress Avenue Ste 600, Austin, TX 78701 sraina@cielo-re.com

SITE USE: yoga studio

Business Name:

Current: Pure Prana

Proposed (if changing): YogaWorks

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☐ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☐ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Patty Loch, VP Real Estate

Print Name of Applicant or Agent

5780 Uplander Way

Mailing/Street Address

Culver City CA

90230

City and State

Zip Code

Signature Patty Loch

310-664-6470

Telephone #

Fax #

pattyL@yogaworks.com

Email address

2/20/2018

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____

Application Admin Change Ownership.pdf

3/1/06 Pnz\Applications, Forms, Checklists\Planning Commission

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2004-0027

Date approved: June / 11 / 2004
month day year

Name of applicant on most recent special use permit Natasha Hennessy

Use Yoga studio

2. Describe below the nature of the *existing* operation *in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

Yoga studio & clothing/props for yoga students. Hours of operations Mon-Fri 6:30am-9:00pm
and Sat/Sun 9:00am-6:00pm. There is one full time employee with part time employees that
cover the other shifts. The employees take public transportation to work but if they drive, they
use off street parking to access the studio. The studio has two practice rooms which each
have a a maximum capacity of 23 students. We sell clothing and props for students for the
yoga classes as well as beverages for students after their class.

Special Use Permit #

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

No change.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. Is the use currently open for business? ☒ Yes ☐ No

If the use is closed, provide the date closed.

____ / ____ / ____
month day year

5. Describe any proposed changes to the conditions of the special use permit:

No change

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

6:30am - 9:00pm Mon-Fri

9:00am - 6:00pm Sat/Sun

Proposed Hours:

6:30am - 9:00pm Mon-Fri

9:00am - 6:00pm Sat/Sun

7. Will the number of employees remain the same? ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

1 full time

Proposed Number of Employees:

1 full time

8. Will there be any renovations or new equipment for the business? ____ Yes ☒ No

If yes, describe the type of renovations and/or list any new equipment proposed.

9. Are you proposing changes in the sales or service of alcoholic beverages? ____ Yes ☒ No

If yes, describe proposed changes:

10. **Is off-street parking provided for your employees?** ☒ Yes ☐ No

If yes, how many spaces, and where are they located?

There is street parking all around the studio and in the neighborhood.

11. **Is off-street parking provided for your customers?** ☒ Yes ☐ No

If yes, how many spaces, and where are they located?

There is street parking all around the studio and in the neighborhood.

12. **Is there a proposed increase in the number of seats or patrons served?** ☐ Yes ☒ No

If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

23 per each practice room

Proposed:

23 per each practice room

13. **Are physical changes to the structure or interior space requested?** ☐ Yes ☒ No

If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. **Is there a proposed increase in the building area devoted to the business?** ☐ Yes ☒ No

If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

15. **The applicant is the** (check one) ☐ Property owner ☒ Lessee

☐ other, please describe: _____

16. **The applicant is the** (check one) _____ Current business owner _____ Prospective business owner

☒ other, please describe: Tenant in the building - current owner of the business.

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

YogaWorks is a Corporation and publicly traded on the stock exchange.
